

# **COMMUNITY-BASED RESIDENTIAL FACILITY CHECKLIST**

This document is published by the Bureau of Quality Assurance, Division of Supportive Living, Wisconsin Department of Health and Family Services. For additional copies, please write to the following address or call the numbers listed below:

Bureau of Quality Assurance  
Provider Regulation and Quality  
Improvement Section  
Division of Supportive Living  
P.O. Box 2969  
Madison, WI 53701-2969  
<http://www.dhfs.state.wi.us>

Telephone: (608) 267-1446  
TTY: (608) 266-7376  
FAX: (608) 267-0352

Wisconsin Department of Health and Family Services  
Division of Supportive Living  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

PSL-579 (Rev. 7-99)

## CBRF VISIT CHECK LIST

*Should you decide on CBRF care, you may want to visit one or more facilities before making your final choice.*

**CBRF 1:** \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Beds: \_\_\_\_\_

**CBRF 2:** \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Beds: \_\_\_\_\_

### WHAT IS A COMMUNITY-BASED RESIDENTIAL FACILITY?

A CBRF is a community facility where 5 or more adults who are not related to the operator or administrator and who do not require care above intermediate level nursing care reside and receive care, treatment or services that are above the level of room and board, but that include no more than three hours of nursing care per week per resident.

## CBRFs IN WISCONSIN

At some point in your life, you may be faced with making a decision about a community based residential facility for yourself, a family member or a friend.

This pamphlet will help you learn more about community-based residential facilities (CBRFs) and how to choose and use them.

There are over 1300 licensed CBRF homes in Wisconsin which are owned by individuals, corporations, religious groups, and county governments. They may be private or public, for-profit or not-for-profit; but all must meet the same licensing standards, Wisconsin Administrative Code HFS 83. The Division of Supportive Living is responsible for the licensing of all CBRFs in Wisconsin.

### ARE THERE DIFFERENT TYPES OF CBRFs?

There are three sizes of CBRFs based upon the number of residents; small (5-8), medium (9-20) and large (21 or more). They also differ by class which is determined by the resident's ability to move about (ambulation), to follow directions (mental capacity) and to act for self-preservation under emergency conditions.

### WHO SHOULD CONSIDER A CBRF?

The need for some type of lifestyle change is usually first identified when a person has difficulty in one or more of the following areas:

- Self-care
- Diminishing health, physical or mental abilities
- Lack of community support services
- Family not available to provide care or supervision
- Limited financial resources

## **WHAT GROUPS OF PEOPLE ARE SERVED BY CBRFs?**

Target groups served by CBRFs include, but are not limited to, the following:

- The frail elderly and elderly persons with dementia
- Developmentally disabled
- Persons with a controlled mental or emotional disorder
- Persons recovering from chemical dependency
- Corrections clients; i.e., person on probation or parole
- Persons with physical disabilities
- Persons with traumatic brain injury
- Persons with AIDS
- Pregnant women needing counseling

It is desirable that a CBRF provide services to a specialized target group in order to meet the unique needs of such individuals. This information must be written in the program statement of each CBRF.

## **HOW DO RESIDENTS PAY FOR THEIR CARE AND SERVICES?**

Payments may come from a variety of sources, including, but not limited to, the following:

- Personal resources, such as, but not limited to, savings accounts, pensions, or Social Security and related benefits such as SSI and SSI-E (SSI-E is limited to persons in CBRFs no larger than 8 beds.)
- Special funding available through the Community Options Program (limited to persons in CBRFs no larger than 15 beds),
- Veterans care benefits
- Community Aids funding from County Departments of Social Services, Community Boards, and/or Human Services Departments to persons who qualify.

CBRFs will want to know how you will pay for your care. They will ask you to sign an admission agreement specifying the payment arrangement.

## **WHAT SERVICES CAN YOU EXPECT FROM A CBRF?**

CBRFs are required to provide or arrange these five basic services to all residents, if needed:

- Health monitoring
- Assistance with medications
- Information and referral services
- Leisure time services
- Personal care services such as help with dressing, eating, bathing, grooming, toileting and mobility

Additional services may be provided in a CBRF to assist residents with their personal needs and goals such as transitioning to more independent living, counseling, transportation, money management, and others.

## **WHAT WRITTEN DOCUMENTATION MUST EACH CBRF HAVE?**

1. Program Statement
2. Admission Agreement
3. Individual Service Plan
4. Resident Rights list
5. Complaint Procedure

## **CBRF CHECKLIST**

This checklist asks questions which may be of interest to consumers, family members and friends of consumers and guardians of persons seeking placement in a CBRF. The questions are designed to assist you to determine if a particular home is compatible with an individual's life style, and has the services that will meet his/her needs. These questions are separate from the licensing requirements in administrative rule HFS 83 for CBRFs.

CBRF 1		CBRF 2	
Yes	No	Yes	No

## PHYSICAL STRUCTURE

- Does the home appear to be safe and secure?
- Are telephones available?
- Can or do residents have telephones in their rooms?
- Are halls free of obstacles (furniture, equipment)?
- Are exits unobstructed and easy to reach?
- Are fire extinguishers visible?
- Is there an evacuation plan posted?
- Are drills held at least quarterly?
- Are floors clean and non-slippery?
- Are there any obvious odors?
- Are doorways/hallways, rooms big enough to accommodate wheelchairs if so licensed?
- Is the temperature in the facility comfortable?


## STAFF

- Does the home have a current state license?
- Do staff know the residents?
- Do staff show interest in individual residents?
- Do residents talk freely with staff?
- Are residents treated with respect and dignity?
- Is privacy respected (knocking before entering rooms)?


CBRF 1		CBRF 2	
Yes	No	Yes	No

- Does there appear to be enough staff to meet residents' needs?
- Are calls for assistance responded to quickly?
- Is the appearance of staff neat and clean?

## RESIDENTS

- Do residents appear generally happy?
- Do residents appear to receive good care?
- Do residents appear to respect each other?


## HEALTH RELATED SERVICES

- Does the facility control residents' medications?
- Can residents retain their personal physician?
- Does the facility assume responsibility for making medical appointments if residents are unable to?
- Does the facility provide transportation for medical appointments? Is there a charge?
- Does the facility have a plan to respond to medical emergencies and dental needs?
- Are staff trained in the provision of emergency First Aid?
- Will the facility arrange for home health care services if needed by the resident?
- Will the facility provide or arrange for specialized therapies if needed?


## RESIDENT BEDROOMS

CBRF 1		CBRF 2	
Yes	No	Yes	No

Does the assigned room appear to meet his/her needs?

Are rooms attractive, clean, well-lit, well-ventilated?

Is there a bedside stand, reading light and chest of drawers for each resident?

Is closet space/storage space sufficient?

Can residents use their own furnishings in their room?

Are provisions made for privacy?

Is there space for private visits in the home?

Are there more than two residents per room?


## BATH AND SHOWER ROOMS

Are bathrooms conveniently located?

Are bathrooms clean, well-maintained and odor-free?

Are handgrips or rails near toilet and bathing areas if needed by the residents?

Do bathrooms have showers or tubs?

Are bathrooms equipped with locks for privacy?


How many people share a bathroom?


How and how often do residents take baths/showers?

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## OTHER LIVING AREAS

Are other living areas sufficient in size for the number of people in the facility?

Is there sufficient space for visitors, conversation, TV watching and quiet reading?

Are living areas clean, comfortable and furnished and generally pleasant?

Are separate smoking and non-smoking areas available?

CBRF 1		CBRF 2	
Yes	No	Yes	No

## LEISURE TIME ACTIVITY

Are activity calendars posted?

Do activities include a variety of interests?

Are planned activities appropriate to the age and abilities of the residents?

How often are there planned outings?

Do residents participate in planning the activities?

Are residents encouraged to participate in community activities?

Does the facility provide transportation to community activities?

Are arrangements made for residents to attend religious services and to practice their beliefs?


## PERSONAL CARE

CBRF 1		CBRF 2	
Yes	No	Yes	No

Does the facility provide help with bathing, getting in and out of bed, care for hair and teeth, dressing, exercise, and other personal care needs if residents require it?

Does the facility teach personal care activities to improve independent functioning such as feeding, grooming and dressing if needed?

## KITCHEN AREA

Is the kitchen clean, well lighted and well organized?

Are foods stored in a clean, dry area?

Do staff handle food in a safe, sanitary manner?

Can residents use the kitchen?

## DINING AREA

Is the dining area pleasant, comfortable, clean and easily accessible?

Is it large enough to hold the majority of residents?

Is the atmosphere relaxing (so that mealtimes do not appear chaotic and rushed)?

Can residents choose where and with whom they will eat?

Are tables convenient for wheelchairs when needed?

Is the dining room used for other activities?

## MENUS AND FOODS

CBRF 1		CBRF 2	
Yes	No	Yes	No

Is a menu available? Did the home serve what was on the menu?

Does the facility monitor nutritional needs and provide modified diets when needed?

Are hot foods served hot/cold foods served cold?

Are dishes and silverware used (instead of disposable plates and utensils)?

Does the food appear appetizing?

Do meals appear to be nutritionally balanced?

Are fresh fruits and vegetables served in season?

Do residents appear to enjoy their meals?

Do residents appear to get enough to eat?

Is food served family style or do staff determine portion sizes?

Are residents able to have snack foods and/or soft drinks in their bedrooms?

Are provisions made for residents who are ill and unable to eat in the dining room?

Who plans the meals? Do residents have input into meal planning?

## CBRF INFORMATION SOURCES

You may find out additional information about CBRFs by contacting any of the following organizations:

- Your county social/human services agencies
- Offices of the Division of Support Living:

### SOUTHERN REGIONAL OFFICE

2917 International Lane  
Madison, WI 53704  
(608) 243-2370

### SOUTHEASTERN REGIONAL OFFICE

819 North 6<sup>th</sup> St., Room 675  
Milwaukee, WI 53203  
(414) 227-4501

### NORTHEASTERN REGIONAL OFFICE

200 N. Jefferson, Suite 211  
Green Bay, WI 54301  
(920) 448-5240

### WESTERN REGIONAL OFFICE

610 Gibson St., Suite 1  
Eau Claire, WI 54701-3667  
(715) 836-2174

### NORTHERN REGIONAL OFFICE

1853 North Stevens St., Suite B  
Rhineland, WI 54501  
(715) 365-2800

### MADISON OFFICE

Bureau of Quality Assurance  
1 West Wilson  
Madison, WI 53702  
(608) 266-0071

### BOARD ON AGING & LONG TERM CARE

#### OMBUDSMAN PROGRAM

800-815-0015

## WRITTEN DOCUMENTS AVAILABLE TO RESIDENTS

Is there a program statement? Do the program and services appear to be appropriate to meet the needs of the prospective resident?

Is there an admission agreement? Does it clearly specify:

Provided services in the monthly rate?

Daily or monthly rate?

Additional charges for services not covered in the rate?

Thirty-day notice for a change in the rate or service?

When payment is to be made?

What the refund policy is?

Does the facility have a resident's bill of rights and complaint procedure?

Did the facility have any complaints in the past year?

If so, were they resolved?

Does the facility have Wisconsin Administrative Code Chapter 83 governing CBRFs available for review?

CBRF 1		CBRF 2	
Yes	No	Yes	No

## NOTES

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## NOTES

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